## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT

**DOCUMENT # P02000094532** WASHINGTON D. BAQUERO, MD, PA

Principal Place of Business

1705 COLONIAL BLVD

SIGNATURE:

FORT MYERS, FL 33907

Mailing Address

1705 COLONIAL BLVD

FORT MYERS, FL 33907

**FILED** Apr 14, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04092006 Applied For 4. FEI Number

59-1954207

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Cayttoe Phone #

5. Name and Address of Current Registered Agent

BAQUERO, WASHINGTON D MD 1705 COLONIAL BLVD FORT MYERS, EL 33907

## DO NOT WRITE

| 7 O. (7 III / 2.1.0.), 7 E 00001   |  |  | IN THIS SPACE                                |   |  |
|--|--|--|--|---|--|
|  | named entity submits this statement for the plans of registered agent.         | urpose of changing its registere                     | d attice or registered agent, or t           | ooth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered   |  |  | d Agent signature required when reinstating) | DATE  |  |
| FIL<br>After M   | E NOWIII FEE IS \$150.00<br>by 1, 2006 Fee will be \$550.00                    | Election Campaign Finan     Trust Fund Contribution. | scing \$5.00 May Be Added to Fees            |   |  |
| 10.  | OFFICERS AND DIRECT  | TORS   | I  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PCEO<br>BAQUERO, WASHINGTON D MD<br>1705 COLONIAL BLVD<br>FORT MYERS, FL 33907 |  |  | 0000005876\$2<br>04/27/06-20071-011 150.00                    |  |
| Title<br>Name<br>Street address<br>City-ST-Zip   | ST<br>BAQUERO, MARIA<br>1705 COLONIAL BLVD STE. C-1<br>FORT MYERS, FL 33907    |  | ,  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  |  | DC   | NOT WRITE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | IN THIS SPACE                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |   |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |  |  |  |   |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |